# NHS ROTHERHAM

To be Approved by Chair/To be approved by next meeting

Minutes of the NHS Rotherham **Clinical Commissioning Group Governing Body** held on

**Wednesday 6 January 2016 at 1.00 pm in the Elm Room (G.04) at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY**

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**Present:**

Dr J Kitlowski (Chair)
Mr C Edwards
Dr L Jacob
Dr R Cullen
Dr S MacKeown
Dr A Darby

Mr I Atkinson

Mrs K Firth

Dr R Carlisle
Mr J Barber
Mr P Moss
Dr J Page

Mrs Cassin

**Participating observers:**

Cllr D Roche, RMBC

**In Attendance:**

Mrs S Whittle
Mrs M Robinson, Secretariat, RCCG
Mr G Laidlaw, Communications Manager, RCCG
Mrs Helen Wyatt

**211/15 Apologies for Absence**

Ms T Roche, Director of Public Health, RMBC

**212/15 Declarations of Pecuniary or Non-Pecuniary Interests**

It was acknowledged that Drs Kitlowski, Cullen, MacKeown, Jacob and Page had an (indirect) interest in most items and agenda item 4 Rotherham Older People's Forum Survey. Drs Jacob and Darby had an interest in item 7 Stroke Pathway Review.

**213/15 Patient & Public Questions**

There were no members of the public attending the meeting. Dr Kitlowski informed the meeting that no patient or public questions had been received. The meeting discussed ways of encouraging members of the public to attend the meetings

The meeting suggested that Mrs Wyatt have sight of future agendas to enable her to inform patient groups of items of interest and encourage them to attend the meeting.

**Action: Mrs Wyatt**

**214/15 Rotherham Older People's Forum Survey**

Mrs Wyatt gave a presentation to the meeting around the Rotherham Older People's Forum Survey. The full report had been circulated to the Governing Body prior to the meeting.

The meeting discussed the key messages from the report.
One of the key messages from the report was the issues regarding hospital discharges. Mrs Cassin informed the meeting that a huge amount of work was

being undertaken regarding hospital discharges and the CCG was involved in this work with TRFT.

Mrs Cassin also informed the meeting of the work been undertaken by the CCG to create a Single End of Life Care Pathway. Mrs Wyatt to liaise with Mr Atkinson regarding this.

**Action: Mrs Wyatt and Mr Atkinson**

Dr Mackeown informed the meeting that it is vital to assist GP practices that hospital discharges and Social Care are linked properly.

Another key message from the report was that many older people are unhappy with the quality of care received from care agencies. Dr Jacob informed the meeting that he felt the most important thing was clinical training of carers both in care homes and visiting patients' homes to help them to understand a patients' condition and reduce the number of hospital visits.

Mrs Wyatt informed the meeting that patients and families have raised the issue that if they receive good quality care it will save money.

Cllr Roche informed the meeting that Social Care is moving in the right direction and working together with TRFT.

Cllr Roche informed the meeting that Mr Betts and himself are meeting with Rotherham Older People's Forum and Cllr Jeanette Mallinder has been appointed as the champion for carers.

Mrs Whittle informed the meeting that we need to be clear about carers and care workers as we trip over these words and both carers from families and care workers need to have an understanding of their roles from the GP.

Mr Moss informed the meeting that a percentage of people who are attending A&E are doing so as they are unaware of where else to attend.

Mr Carlisle reported to the meeting that some older people do not have access to the internet for information regarding health and the use of advocates to assist people to do this may be useful.

The meeting discussed whether it would be an option to repeat the report in two years' time and Mrs Wyatt informed the meeting there would be a need to look at whether the Forum would have the capacity to carry this out.

Dr Kitlowski thanked Mrs Wyatt for attending and Mrs Wyatt left the meeting.

**215/15 Minutes of the Previous Meeting – For Approval**

The minutes from the previous meeting held on 2 December 2015 were approved by the Governing Body as a true reflection of the meeting.

**216/15 Chief Officers Report**

Headlines from the NHS Planning Guidance, DH Mandate to NHS England (2016/17-2020/21)

Mr Edwards informed the meeting there have been a number of key documents and announcements which have significant implications for CCGs in the coming years and months. The launch of the Department of Health mandate to NHS England in December paved the way for the publication of the NHS Planning Guidance for 2016/17-2020/21 and CCG allocations. All three re-emphasise the need to follow the ambitions as set out in the Five Year Forward View and the need to plan for a long term sustainable NHS.

Mr Edwards reported to the meeting that the Mandate - Objectives for 2016/17 and Beyond, sets out NHS England's health priorities for 2016-17 and the longer term. The document outlines seven governmental ambitions for NHS England to be achieved by 2020.

1. Through improved commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities – driven by the publication of results in June of the 2015/16 CCG assessment framework.
2. Help create the safest, highest quality health and care service – rolling out seven day hospital services, through NHS improvement increasing the number of trusts rated good or outstanding by the CQC, improving patient choice and increasing the number of personal health budgets, and delivering the recommendations of the Cancer Taskforce.
3. Balance the NHS budget and improve efficiency and productivity – achieving 2-3% efficiency and productivity each year.
4. Lead a step change in the NHS in preventing ill health and supporting people to live healthier lives – through reductions in childhood obesity and overall diabetes risk, and measurable improvements in all areas identified in the Prime Minister's challenge on dementia.
5. Maintain and improve performance against core standards – specifically in relation to A&E targets and Referral to Treatment.
6. Improve out-of-hospital care – through new models of care, improvements in General Practice, increased health and social care integration, and taking steps to close the health gap for people with mental health problems, learning disabilities and autism.
7. Support research innovation and growth.

Mr Edwards reported to the meeting that one of the major announcements is that each local health and care system has been asked to produce a Sustainability and Transformation Plan (STP) covering October 2016 – March 2012, these should be holistic for the local area and set out how the gaps in health, quality and finance can be closed.

Where place-based leadership is lacking NHS England and NHS Improvement will take a more proactive approach in driving the development of these plans.

From 2017/18 onwards Transformation Funding will only be available for those areas that have developed a successful plan.

As a first step local health and care systems are invited to submit proposals for the geographic scope of their STP by Friday 29 January to NHS England for national agreement. These must form a complete national map. These footprints should be "locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, and how it best fits with other footprints such as local digital roadmaps and learning disability units of planning." Furthermore geographies already involved in the success regime or devolution bids would be expected to use these to determine the transformation footprint.

Further brief guidance on the process will be released in early January. In addition to STPs there is a requirement to complete Operational Plans for 2016/17 which will be viewed as year one of the five-year STPs. These should be signed-off by March 2016.

Mr Edwards reported to the meeting that for CCGs the critical issue is how local areas define ‘place’ for their STP, this will vary according to local context, relationships and local approaches to health and social care. The move to place level commissioning and collaborative commissioning relationships (and co-commissioning) will mean that footprints for STPs may plan beyond CCG boundaries and indeed Health and Wellbeing Boards

Mr Edwards informed the meeting that a consultation on the Improvement and Assessment Framework (the new CCG assessment framework sometimes referred to as the CCG scorecard) will open in January 2016. This will include health economy metrics to measure progress on a series of described priorities including cancer, dementia, maternity, mental health, learning disabilities and diabetes, as well as metrics on efficiency, core performance, technology and prevention.

Mr Edwards reported to the meeting NHS England have a must do’s list for 2016/17 and there is a stated ambition that 25% of the population will have access to acute hospital services on every day of the week by March 2017 with 20% having enhanced access to primary care. This is broken down into three distinct challenges: reducing excess deaths by increasing consultant and diagnostic cover available at weekends, improving access to out of hours, and improving access to primary care at weekends and evenings where patients need it.

Mr Edwards informed the meeting that to reflect the mandate’s objectives NHS England has identified nine national “must do’s” for 2016/17 for every locality:

1. Develop a high quality and agreed STP for each locality.
2. Return the system to aggregate financial balance- delivering the efficiencies in the Carter Review and addressing demand variation through the implementation of Rightcare.
3. Develop and implement a local plan to address workforce and workload in general practice.
4. Improve the access standards for A&E and ambulance waits implementing the findings of the Urgent & Emergency Care review.
5. Maintain the 92% 18 week referral to treatment target.
6. Deliver the 62 day cancer waiting standard alongside improvements in one-year survival rates.
7. Achieve and maintain the two new mental health access standards and dementia diagnosis rate of at least two-thirds.
8. Deliver actions to set out local plans to transform care for people with learning disabilities.
9. Continue to improve quality as particularly for organisations in special measures.

These must do’s are to address the more short term priorities of the mandate and get a grip on the deficits reported by Trusts.

The meeting agreed to discuss the NHS Planning Guidance, Department of Health Mandate to NHS England and CCG Allocations and guidance documents further at the next meeting.

The meeting agreed discuss at the development session in March.

**Preparedness for Delivery of Early Intervention in Psychosis Access and waiting times standard**
Mr Edwards informed the meeting the Preparedness for Delivery of Early Intervention in Psychosis Access and Waiting Times Standard was for information.

T**ransforming Care Partnerships**
Mr Edwards informed the meeting that The Transforming Care programme is now changing how we deliver and commission services, so that more people with learning disabilities and/or autism, with behaviour that challenges (including those with a mental health condition) can live in the community, closer to home. This will reduce the reliance on in-patient beds and close some facilities. NHS England, the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) are bringing together commissioners across health and care economies to form 49 Transforming Care Partnerships, outlined in 'Building the right support' that are driving service redesign across England. NHS England requires the CCG to have a sub-regional board approach to share best practice and work across a geographical footprint which will be Rotherham, Doncaster, Sheffield and North Lincs. Doncaster will be Lead CCG. The Head of Contracts (mental Health & learning disabilities) is working with them for Rotherham CCG. Further guidance is expected in March.

**Public Health Proposals for Re-Commissioning Public Health Services**
Mr Edwards reported to the meeting that the Director of Public Health for Rotherham has written to all partners to advise us of their timescales for reviewing and re-commissioning Public Health services in respect of 0-19s Children's Health Services, Sexual Health Services and Substance Misuse Services.

**Christmas and New Year Resilience – Request for Further Support in Challenged Systems**
Mr Edwards informed the meeting that NHS England and NHS Improvement have identified the 55 health economies where they expect challenges to be the greatest. Rotherham health economy is one of these and NHS England has written to Rotherham CCG. The letter details NHS England's expectation of CCGs in these 55 areas, and goes out in parallel with letters to the relevant acute trusts and local authorities.

Acute providers in these systems will be asked by their regulator, through NHS Improvement, to provide more beds over the holiday period through a planned curtailment of the inpatient elective programme.

**Local digital Roadmap**
Mr Edwards reported to the meeting that Rotherham's footprint has been endorsed by the Director of Commissioning Operations Moira Dumma (Yorkshire and the Humber) for the North of England region and logged with the NHS England Digital Technology Team. It will form the basis for the next phase of development of the local digital roadmaps.
Our footprint highlighted that we will be working with Rotherham Metropolitan Borough Council. The Local Government Association (LGA) has been informed and may be able to offer support to our local authority colleagues.

**Health & Wellbeing Strategy**
Mr Edwards reported to the meeting that the Health and Wellbeing Strategy has been finalised and published and it is the expectation the CCG strategy will align with this.

**Communications Update**
Mr Edwards informed the meeting that at the recent HFMA 2015 Awards judges 'highly commended' our finance team's work after a senior team member fell seriously ill five days before the accounts submission deadline. In particular they noted 'In what has clearly been a difficult period for the finance team and the CCG, the panel were impressed with the way three-dimensional tools such as the abacus and Lego blocks had been integrated into the presentation of financial information and to help make that information understandable. The segmentation of stakeholders and the tailoring of approach to fit each stakeholder's background and interest area was particularly impressive'.

Mr Edwards reported to the meeting that National interest has been received from Management in Practice Magazine about the positive action taken by health in Rotherham on Child Sexual Exploitation (CSE). A statement from Sue Cassin, Chief Nurse, will appear as part of an article on the CQC 'State of Care' Report.

**217/15 Strategic Direction Issues**
**Stroke Pathway Review**
Mr Dominic Blaydon joined the meeting.

Mr Blaydon informed the meeting that the report provides details for the remedial action that has taken place since Governing Body members considered the Stroke Peer Review Report in April 2015 and received an update report in November 2015

Mr Blaydon reported to the meeting that Rotherham achieved all the core criteria. RFT has a dedicated Stroke Unit and the unit carried out weekly MDT meetings. The pathway has clear clinical leadership and continuing professional development is in place for all staff working with stroke patients. Information is provided to patients and there are formal links between stroke services and patient/carer organisations.

Mr Blaydon informed the meeting that the Rotherham Foundation Trust achieved the required nurse staffing levels for the Acute Stroke Unit and Rehabilitation and Social Work support. However the review panel was concerned that there is no 24/7 Specialist Consultant cover on the Stroke Unit.

Mr Blaydon informed the meeting that the Rotherham FT achieved all the criteria for TIA Services. The service has a policy for referral of TIA patients and is able to identify patients who are at high risk of stroke. All patients are assessed by a stroke Specialist Nurse or Specialist Physician. There is a daily service in place for high-risk TIAs and a one month follow up is routinely offered.

Mr Blaydon reported to the meeting that the review panel examined Accelerated Stroke Indicators that currently fall within the poorest performing quartile. These are:

- Proportion of patients scanned within 1 hour
- Proportion of stroke patients given thrombolysis
- Proportion of patients assessed by a specialist physician within 24 hours.
- Rotherham's stroke service also currently falls within the poorest performing quartile for
- Nurse assessments within 24 hours
- First therapy assessment within 24 hours

- All therapy assessments within 72 hours
- Rehabilitation goals identified within 5 days

Mr Blaydon reported to the meeting that SSNAP achievement for Q2 2015/16 had improved to Level C. There have been improvements across all domains within the audit. Rotherham consistently performs above average on most indicators and we compare favourably with other CCGs within South Yorkshire. Currently Rotherham performs below the national average on the following indicators.

- Percentage of patients scanned within 1 hour
- Percentage of stroke patients given thrombolysis
- Percentage of patients assessed by a stroke specialist consultant physician within 24 hours
- Number of minutes per day on which physiotherapy is received
- % of days as an inpatient on which speech and language therapy is received
- Percentage of patients assessed by a speech and language therapist within 72 hours
- Percentage of patients who have rehabilitation goals agreed within 5 days
- Percentage of patients assessed by a nurse within 24 hours at least one therapist within 24hours and all relevant therapists within 72 hours and have rehabilitation goals agreed within 5 days
- Percentage of patients treated by a stroke skilled Early Supported Discharge team

Mr Blaydon informed the meeting of the key points contained within the table on page 4 and 6 of the report.

Mr Blaydon reported to the meeting that there has been a significant improvement in performance on the Stroke Care Pathway since April 2015 and local performance reports demonstrate that the service is achieving 8 out of the 9 national performance indicators.

Mr Blaydon informed the meeting that it is important to recognise that the local stroke pathway receives substantial support from the intermediate care service and community stroke team and there is a dedicated social work support for the local stroke pathway funded through the Better Care Fund. The care pathway is further enhanced by third sector services that support carers and promote independence and Rotherham CCG commission the Stroke Association to provide family/carer support and community integration services post-discharge.

Mr Blaydon reported to the meeting that there are outstanding issues that need to be addressed. The issues are:

- Maintaining performance on scanning patients within 1 hour
- Increasing the proportion of patients assessed by a stroke consultant within 24 hours
- Delivery of 24/7 Specialist Consultant cover.
- Increasing the proportion of patients treated by a stroke skilled Early Supported Discharge team
- Achievement of staffing ratios identified in the Peer Review Report
  Achievement of defined targets on nursing and therapy assessments being carried out within recommended timeframes

Mr Blaydon informed the meeting that the members of the Stroke Network have offered to attend a future meeting if this is something that would be of interest to the Governing Body members.

The meeting discussed the issues for improvement, the shortages nationally and the Working Together programme and the difficult conversations that will need to be held to achieve these.

The Governing Body acknowledged the improved performance of the Stroke Care Pathway since April 2015 and the request for a remedial action plan from TRFT setting out how outstanding issues will be addressed.

Dr Kitlowski thanked Mr Blaydon for attending the meeting. Mr Blaydon left the meeting.

**218/15** **Healthy Workforce**

Mrs Whittle gave a brief update on the Healthy Workforce pilot and informed the meeting that as from 1st January the CCG are one of the 12 organisations taking part in the pilot.

Mrs Whittle reported to the meeting that the CCG have made commitments to the Health Workforce agenda. Mr Edwards will champion this at board level, Dr Kitlowski to champion clinical staff and Mrs Whittle and Ms Julie Wisken to lead the work ensuring a bottom up approach.

Mrs Whittle reported that the CCG has carried out a self-assessment against the 'Workplace Wellbeing Charter' and collated evidence to support the accreditation process. Work has been carried out on policies to ensure they are up to date and provide training where needed.

Mrs Whittle informed the meeting that a survey had been circulated to all CCG staff to seek ideas on how we can move forward and on the 18 December staff chose their top activities. Ms Wisken is working on a plan of the five top things staff would like to do over the coming year.

Mrs Whittle reported to the meeting that the CCG is looking at offering Health Checks for staff. Ms Wisken is currently investigating a provider who may be able to offer the health checks and we are keen to offer the health checks to all our employees' not just staff over 40 yrs.

Mrs Whittle informed the meeting of some of the activities planned to take place in January :

- 100lb Weight Loss Challenge 2016, 4 January to the end of February 2016
- 50% discount at Weight watchers
- Eating Healthy – vegan style (Lunch time talk)
- Dry January – Information leaflets and presentation
- Walking Group – Lunchtime around Bramley
- Mindfulness App – a year's subscription

Mrs Whittle informed the meeting there is a notice board on the CCG Floor at Oak House giving information of the activities taking place throughout the year and a selection of information leaflets to promote Healthy Work Force.

Dr Page made the suggestion to the meeting that activities could be arranged for GP Leads to take part and suggested these may take place in GP time or Governing Body time.

**219/15** **Performance Report**

**a) Finance & Contracting Performance Report (KF)**

Mrs Firth gave assurance to the meeting that the CCG will achieve the 1% surplus requirement.

Mrs Firth informed the meeting that the Secondary Care (and QIPP) position data is now available up to the end of October but not fully validated.

Mrs Firth reported to the meeting that The Rotherham NHS Foundation Trust's (TRFT) levels of uncoded activity have reduced by 1% to 11% on average with non-elective activity also improving from 15.6% to 14.5% within that total. Month 7 contract monitoring data received from the Trust shows a £0.2m over-performance against plan. We have adjusted this month 7 data by £1.2m to show a £1.0m underspend as TRFT's contract monitoring system calculates the income due for un-coded activity at an average price. It does not adjust for short stay/same day admissions which are at a lower price - all uncoded activity is costed as an emergency admission hence the large adjustment.

Mrs Firth explained the information contained in the table on page 2 of the report to the meeting and reported that activity numbers are up compared to last year and TRFT have been asked to comment on the case mix shift

Mrs Firth reported to the meeting that the other secondary care contracts to over perform are in broadly the same areas as last month. Sheffield Children's Hospital on outpatient follow-up and non-elective, Sheffield Teaching Hospitals on excluded drugs and critical care, and both Barnsley and Doncaster & Bassetlaw Hospitals on non-elective

Mrs Firth informed the meeting that the year-end forecast for prescribing has been maintained at £1.1 m and a breakdown of this is given on page 3 of the report.
Mrs Firth reported to the meeting that with regard to GP Prescribing a spike has been seen in the month 7 drug data which if persistent could increase forecast outturn by a further £0.2m. The CCG will continue to monitor this. Further analysis of the quarter 2 data has shown that approximately 50% of cost growth is not linked to either volume or the introduction of new drugs but as a consequence of price increases in the net ingredient costs of a range of generic drugs. Examples of non-volume 12 month drug costs growth are included within the report (page 3)

Mrs Firth reported to the meeting that in the last month large price increases have been announced for procyclidine, nefopam, and Camcolit®-Lithium.

Mrs Firth informed the meeting that the proposed strategy for containing this cost growth is as follows;

- Increased use of GP computer prompts to guide prescribers to the most cost effective options; these will have to be updated continually as the price of pharmaceuticals is currently very volatile. Success will depend on the prescribers' willingness to act on the prescribing-prompt.
- Reducing medicines waste; Efforts are underway to identify the causes of medicines waste, early results indicate that this is a significant problem; however, to tackle this issue will require practices to devote greater resources to managing repeat prescribing systems.
- Introducing a range of branded-generic products; cooperation from prescribers will be required. These may be unpopular with patients and prescribing by a brand name rather than the drug name as the potential to cause confusion.

Mrs Firth informed the meeting that tables on page 6 of the report set out the risks to the current forecast for 2015/16 and the headline risks for 2016/17. The headline risks will be discussed in the financial plan and the development session in March 2016.

**b) Delivery Dashboard (IA)**

Mr Atkinson informed the meeting that although the November A&E position for the month was an improvement on October there had been a decrease in performance towards the end of the month, this deterioration in performance has continued in to December and given the failure of the November performance the CCG took the decision to issue a formal contract performance notice and has agreed a revised recovery action plan with TRFT. The CCG are receiving regular updates from TRFT on bed flow and capacity on bed stock. The CCG is also working with A&E around performance, Nursing levels and middle grade doctor cover.

Mr Atkinson reported to the meeting that YAS performance had seen a slight improvement in November though this has now dropped back. Details of breach levels are given within the report on page 4.

Mr Atkinson informed the meeting that the YAS November performance for Red Category A saw a total of 66 calls of which 43 were answered within the 8 minutes in Rotherham. Further analysis for Red 1 and 2 Category A combined data in November for Rotherham showed that 74.1% were seen in 9 minutes and 79.6% in 10 minutes.

Mr Atkinson reported to the meeting that with regard to IAPT the CCG has agreed an improvement trajectory with RDaSH to improve 6 week waiting targets. The agreed recovery trajectory for November was to achieve a position of 35% therefore the continued underperformance remains a serious concern for the CCG.

Mr Atkinson informed the meeting that further assurance has been provided by RDaSH that priority is being given to improve the position and deliver the agreed improvement trajectory by February progress has been made in tackling long waiters on the incomplete pathway. Given the continued challenges the CCG has now issued a formal contract performance notice to RDaSH and will be agreeing further improvement actions with RDaSH.

The meeting discussed the further penalties which the CCG may be able to serve against RDaSH if improvements are not made.

Mr Atkinson reported to meeting that in October the following targets did not achieve the national standard. 62 day GP referral (Target 85% achieved 84.6%) and analysis showed that of the 52 patients waiting there were 8 breaches. The details behind these breaches were a mixture of reasons, one due to patients' choice/illness, three were due to inefficient pathways, two were due to healthcare provider initiating delay to diagnostic tests, one due to inadequate outpatient capacity and one due to issues with pathway details.

Mr Atkinson informed the meeting that more details regarding patient breaches can be found within the Cancer Exception section of the report and the CCG's cancer lead reviews all patients' breaches to undertake root cause analysis.

Dr Cullen gave an explanation of the Cancer pathways to the meeting.

The meeting discussed the planned Junior Doctors strikes and Dr Page enquired how the requirements are recorded. Mr Atkinson explained to the meeting how this is recorded and how it affects the contract.

Dr Kitlowski informed the meeting that a letter from the CCG has been sent to Mr Conrad Warring for assurance from TRFT that adequate cover will be given during the strikes. The CCG is awaiting a response

**220/15 Quality & Patient Engagement**

**a) Patient Safety and Quality Assurance Report**

Mrs Cassin informed the meeting that there have been no cases of healthcare associated infections so far for the current year for RDaSH and the Hospice. On C-Difficile numbers and route cause analysis are shown on page 3 of the report. 12 of the 56 cases are from other hospital in stays.

Mrs Cassin reported the increased number of NHS Rotherham CCG CDifficile cases is currently being analysed. There has been a delay in completing this due to a change in the national computer system for the reporting of Health Care Associated Infections.

Mrs Cassin informed the meeting that the CQC Safeguarding Children Children's improvement plan has been updated.

Mrs Cassin reported to the meeting that the seconded staff from the CCG to MASH have completed their work and produced a valuation. The CCG will be recruiting to input staff into MASH.

Mrs Cassin informed the meeting that with regard to Adult Mental Health Services a recent guidance relating to "Who Pays? 2013" has indicated a return to health funding responsibility transferring to the "receiving" CCG following hospital discharge. This has increased delay in transfers of care for patients discharged to neighbouring CCG areas. This will continue to be monitored by the mental health case manager and colleagues from RMBC and RDaSH, supported by liaison with respective CCG's to support discharge at the earliest opportunity.

Mrs Cassin informed the meeting that herself and Dr Clitherowhad undertaken a walk through at TRFT A&E.

Mrs Cassin reported that staff are now meeting patients at the ambulance drop off area as it is a long route from the bay to the A&E department.

Mrs Cassin also informed the meeting that they had reviewed patient data safety to ensure there was no increase in breaches of security.

**b) Patient Engagement & Experience Report**

Mr Moss informed the meeting that a survey to GP practices around PPGS, we have established links with a number of GP practices. Healthwatch have been able to offer additional support through the placement of several short term medical students.

Mr Moss reported to the meeting that Mrs Wyatt has worked with Healthwatch members to engage them in being active members of PPGs.

Mr Moss informed the meeting that Spotlight sessions are being organised with staff within organisations to give an engagement update.

Mr Moss reported that a meeting is to take place with TRFT Head of Clinical Professions to consider ways that TRFT can improve patient engagement.

Mr Moss informed the meeting that Healthwatch are likely to undergo financial changes. Mr Moss to provide more information to Mr Edwards and Dr Kitlowski.

**Action: Mr Moss**

**221/15 Governing Body - Log**

The Governing Body discussed the actions log and the actions were RAG rated accordingly.

**222/15 Minutes of the GP Members Committee (Draft)**

The Governing Body noted the minutes of the GP Members Committee meeting held on 25 November 2015.

Dr Jacob informed the meeting that the December GP Members Committee had taken place on 16 December 2015.

Dr Jacob reported to the meeting that Mr Atkinson had attended the meeting and presented the Commissioning Plan. Mr Atkinson reminded members of the challenging contractual agreements in regards to follow-ups and that the IAPT 6 week target is an issue.

Dr Jacob informed the meeting that the meeting had discussed End of Life Care and this will form part of Januarys PLT event.

Dr Jacob reported to the meeting that the meeting had had a discussion regarding RIO (Rotherham Institute of Obesity) and it had been agreed that Dr Jacobs would contact the Ms Roche, Director of Public Health to request evidence on outcomes with a possible attendance at a future GPMC.

Dr Jacob informed the meeting that the GMPC had requested the service specification and list of responsibilities for both school nurses and health visiting from RMBC.

Dr Jacob reported to the meeting that as from the 1st April he will not be serving in commissioning and reducing his hours in primary care. He will be attending the February and March Governing Body meetings. Elections for the new chair and vice chair will take place in February.

**223/15 Minutes of the Systems Resilience Group**

The Governing Body noted the minutes of the Systems Resilience Group meeting held on 11 November 2015 for information

**224/15 Minutes of the Primary Care Sub Committee**

The Governing Body noted the minutes of the meetings held on 23 September and 21 October 2015 for information.

**225/15 For information**

**Better Care Fund Financial Monitoring Update**

Mrs Firth informed the meeting that the paper is being provided to the Governing Body to give assurance that the governance processes regarding financial monitoring and risk management are in line with the Section 75 agreement.

The meeting noted the paper for information.

**226/15 Future Agenda Items**

No items discussed

**Urgent Other Business**

No items discussed

**227/15 Issues For Escalation**

No Items discussed

**228/15 Exclusion of the Public**

In line with Standing Orders, the Governing Body approved the following resolution:

**"That representatives of the press and other members of the public be excluded from the meeting, having regard to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest."**

[Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers].

**229/15 Date, Time and Venue of Next Meeting**

The next Rotherham Clinical Commissioning Group's Governing Body to be held in public is scheduled to commence at 1:00 on **Wednesday 3 February 2016** at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.